DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317 To Report Adult Abuse: (800) 564-1612 Fax (802) 871-3318

May 1, 2012

Ms. Mary Naumann, Administrator Willows Of Windsor 121 State Street Windsor, VT 05089

Provider #: 0044

Dear Ms. Naumann:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **March 27, 2012.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN, MS Licensing Chief

PC:ne

Enclosure



APR 26 2312

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING C B. WING 0044 03/27/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **121 STATE STREET** WILLOWS OF WINDSOR WINDSOR, VT 05089 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) R100 Initial Comments: R100 ID LIKE TO CLARIFY THAT An unannounced onsite complaint investigation I ADAPTED A WROTE THE POLICES was completed by the Division of Licensing and FOR MEDICOTION MANAGEMENT Protection on 3/27/12. Based on information gathered, regulatory violations were cited as FOR THIS HOME. follows. ALL OUR CAREGINERS ARE TRAINED IN THESE CONCEPTS BEFORE BEING R165 V. RESIDENT CARE AND HOME SERVICES R165 ALLOWED TO PASS MEDS. SS=F OUR SYSTEM WEUSE IS A 5.10 Medication Management COMMERCIAL PHARMSCY SUSTEM DESIGNED FOR PERSONALHOMES 5.10.d If a resident requires medication administration, unlicensed staff may administer FLAY PERSONS. medications under the following conditions: WE HAVE USED A VARIETY OF TRAINING CHECKLISTS BUT DID (3) The registered nurse must accept responsibility for the proper administration of NOT KEED THEM ON FILE SO medications, and is responsible for: THE ONLY PUCUMENTATION WAS i. Teaching designated staff proper techniques THE PELEGATION LIST. for medication administration and providing appropriate information about the resident's MAY PLANOF CURRECTION FUR condition, relevant medications, and potential THE DUCUMENTARON DEACHENCES side effects; ii. Establishing a process for routine IS AMEDICATION PASS REVIEW & communication with designated staff about the ANNUAL RECERTIFICATION FORM resident's condition and the effect of medications. as well as changes in medications: (ENLLOSED). IT DOCUMENTS iii. Assessing the resident's condition and the THE ESSENTIAL CONCEPTS OF need for any changes in medications; and Monitoring and evaluating the designated staff TRAINING & THE EMPLOYERS performance in carrying out the nurse's UERIFICATION OF UNDER STANOING instructions. This REQUIREMENT is not met as evidenced THE CONCEPTS THERE IS ASECTION OF THE Based on record reviews and interview, the Registered Nurse (RN) failed to accept LAST PAGE FOR RETURN responsibility for teaching the proper DEMONSTRATION OF SKILLS administration of medications to 9 of 9 delegated staff. Findings include: INCLUDING INSULIN USE (CONT)

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Mary Naumann en

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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			DRESS, CITY, STATE, ZIP CODE				
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ON SHOULD BE COMPLETE DATE	
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		R165 R168	WHICH WILL BEDONE ON BY THE EN. JAAVE A IN THE PAST ALLOWED TO MANAGER TO PO IT. IM IN THE PAST ALLOWED TO MANAGER TO PO IT. IM IN THE PROCESS OF RETRAINING THE ENTENDED PROCESS OF RETURN PRODUCED AND ALL SKILLS WILLBETESTED RETURN POMONDOTRA TO THE RN OUR HOME DUES ONE MEDICATION ADMINIS WE DO NOT HAVE RESID REQUIRING ASSISTANCE TO PREVENT A LACKOF POCUMENTATION IN THE THESE FORMS WILLBER IN EMPLOYEE FOLDER RILBER RILBE	THE APPROPRIATE ITHE APPROPRIATE INTE CINLY AUE AT TIMES WITH THE IT. SOF GENTIRE UMENTING JAND NING UN SONLY MINISTRATION RESIDENTS STANCE. CONLY ACKOF IN THE FUTURE LLBE KEPT FOLDERS		
•	iii. The registered nurse monitors the resident's			- HOWER KIN I CHIVLOT AKIN			

Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING C B. WING 0044 03/27/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **121 STATE STREET** WILLOWS OF WINDSOR WINDSOR, VT 05089 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) R168 Continued From page 2 R168 condition regularly and is available when changes in condition or medication might occur. This REQUIREMENT is not met as evidenced by: Based on record reviews and interview, the Registered Nurse failed to assure that 9 of 9 staff designated to administer insulin had received additional training and been deemed competent by the nurse prior to administration of insulin. Findings include: Per record review and interview, the Registered Nurse (RN) did not provide evidence of the RN having provided training in the administration of insulin to 9 of 9 staff to whom s/he had delegated the responsibility of insulin administration. Record review confirmed that one current resident had valid medical orders for the daily administration of insulin. In an interview on 3/27/12 at 11:40 AM. the Registered Nurse confirmed that s/he had not trained and deemed competent the 9 unlicensed staff regarding proper techniques of insulin administration prior to delegating this responsibility. R169 V. RESIDENT CARE AND HOME SERVICES R169 SS=F 5.10 Medication Management 5.10.e Staff responsible for assisting residents with medications must receive training in the following areas before assisting with any medications from the licensed nurse: (1) The basis for determining "assistance" versus "administration". (2) The resident's right to direct the resident's own care, including the right to refuse

Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 0044 03/27/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **121 STATE STREET** WILLOWS OF WINDSOR WINDSOR, VT 05089 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) R169 Continued From page 3 R169 medications. (3) Proper techniques for assisting with medications, including hand washing and checking the medication for the right resident. medication, dose, time, route, (4) Signs, symptoms and likely side effects to be aware of for any medication a resident receives. (5) The home's policies and procedures for assistance with medications. This REQUIREMENT is not met as evidenced Based on record review and interview, the registered nurse failed to assure that 9 of 9 unlicensed staff assisting residents with medications had been trained by the nurse in the required elements of medication administration. Findings include: Per record review and interview, the Registered Nurse failed to provide evidence that 9 of 9 staff (to whom s/he delegated medication administration to for residents that are not capable of self-administration) had received the required elements of training in medication administration prior to assisting residents with their medications. In an interview on 3/27/12 at 11:40 AM, the Registered Nurse confirmed that s/he had not conducted the medication administration training for 9 of 9 staff prior to delegating them to assist residents with their medications. The nurse further confirmed that s/he had delegated this medication administration training responsibility to un-licensed staff.